

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90139 002 ***150.00

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1. Entity Name
ALFA VITAMINS LABORATORIES INC.



Principal Place of Business

1472 N.W. 78 AVE.
~~MIAMI, FL 33126~~ US
DORAL FL 33126

Mailing Address

1472 N.W. 78 AVE.
~~MIAMI, FL 33126~~ US
DORAL FL 33126

50006999



03162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0987743

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CRUZ, RENIER
300 SEVILLA AVE.
STE. 301
CORAL GABLES, FL 33134

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VTD
NAME	MUNIZ, MARIA
STREET ADDRESS	7593 NW 8TH ST., UNIT 5 1851 SW 21 ST.
CITY-ST-ZIP	MIAMI, FL 33126 MIAMI FL 33145
TITLE	PSD
NAME	VALDES, ALEJANDRO
STREET ADDRESS	7593 NW 8TH ST., UNIT 5 167 SW. 20 ROAD
CITY-ST-ZIP	MIAMI, FL 33126 MIAMI FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #